

## Los Angeles County Department of Mental Health

**EMPLOYEE ACADEMIC DEVELOPMENT PLAN**

[Must be completed prior to taking academic career development course(s)  
as required by Tuition Reimbursement Policy, Sections 3.2, 3.4 and 4.2]

Please submit this form to the Training and Cultural Competency Bureau with Parts I, II and III completed.

PART I

Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Program: \_\_\_\_\_ Title: \_\_\_\_\_

DMH Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

No. of months as a DMH employee: \_\_\_\_\_

Attach a personal statement which includes the following:

- 1) State your academic goals for which you are requesting tuition reimbursement from DMH (e.g., academic degree you will pursue)
- 2) State how these goals further the mission of the Department of Mental Health
- 3) Life or work experience which meet the mental health needs of Los Angeles County's culturally diverse population.

Provide letter from University stating you are in good standing with the MSW, Ph.D/Psy.D., or MSN Program

\_\_\_\_\_  
Signature of Employee Date

PART II TO BE COMPLETED BY IMMEDIATE SUPERVISOR

I recommend this employee for tuition reimbursement and submit three most recent performance evaluations for years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor Date

PART III TO BE COMPLETED BY APPROPRIATE DIVISION CHIEF, ADMINISTRATIVE DEPUTY OR DEPUTY DIRECTOR

I recommend this employee for tuition reimbursement.

\_\_\_\_\_  
Signature of Chief/Deputy Director Date

PART IV TO BE COMPLETED BY THE TRAINING AND CULTURAL COMPETENCY BUREAU

Application is \_\_\_\_\_ approved \_\_\_\_\_ not approved

Justification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bureau Chief, Chair Date

Tuition Reimbursement Application Review Committee